Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

- 1. a. Whether there should be reimbursement of \$11,072.00 for dates of service 01/02/02 and extending through 03/08/02.
 - b. The request was received on 08/08/02.

II. EXHIBITS

- 1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on <u>08/26/02</u>. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on <u>08/27/02</u>. The response from the insurance carrier was received in the Division on <u>09/10/02</u>. Based on 133.307 (i) the insurance carrier's response is timely.
- 4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement submitted.

2. Respondent: Letter dated 09/10/02

"Provider asserts in a 3/8/02 'Work Hardening/ Final Report' that claimant had been involved in work hardening for a period of six weeks. Billing shows that the work hardening began on 12/28/01 and continued through at least 3/8/02, over a ten week period. Thus, even if initiated before 1/01/02, this program required preauthorization since it was over a six week program, and there is no evidence that such preauthorization was obtained. Alternatively, even assuming preauthorization was not required initially, TWCC Advisory 2001-14 is clear that such programs 'require preauthorization for continuation of the program past January 31, 2002', and there is no evidence presented that such preauthorization was obtained. Given the lack of preauthorization, carrier is not liable for the billed services noted in its EOB."

IV. FINDINGS

- 1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on <u>01/02/02</u> and extending through <u>03/08/02</u>.
- 2. The explanation of denial listed on the EOB is, "A-PREAUTHORIZATION REQUIRED BUT NOT OBTAINED."
- 3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT	BILLED	PAID	EOB	MAR\$	REFERENCE	RATIONALE:
200	CODE	3.2.2.2.0		Denial			
				Code			
01/02/02	97545-	\$128.00	\$0.00	A	\$51.20	MFG MGR	For the dates of service 01/02/02 through 01/31/02
01/04/02	WH	\$128.00	\$0.00	A	(per hour	(II)(C)	preauthorization was not required per TWCC Advisory
01/07/02		\$128.00	\$0.00	A	for non	TWCC	2001-14. The provider is not a CARF accredited facility and
01/08/02		\$128.00	\$0.00	A	CARF)	Advisory 2001- 14	billed charges will be reduced 20% according to MFG MGR
01/09/02 01/10/02		\$128.00 \$128.00	\$0.00 \$0.00	A A		TWCC rule	rule referenced. Therefore, reimbursement is recommended in the amount of \$1,843.20. (\$51.20 x 36 units)
01/10/02		\$128.00	\$0.00	A		134.600 (h)(9)	the amount of \$1,043.20. (\$31.20 x 30 units)
01/14/02		\$128.00	\$0.00	A		134.000 (11)(3)	
01/15/02		\$128.00	\$0.00	A			
01/16/02		\$128.00	\$0.00	A			
01/18/02		\$128.00	\$0.00	A			
01/21/02		\$128.00	\$0.00	A			
01/23/02		\$128.00	\$0.00	A			
01/25/02		\$128.00	\$0.00	A			
01/28/02		\$128.00	\$0.00	A			
01/29/02		\$128.00	\$0.00	A			
01/30/02 01/31/02		\$128.00 \$128.00	\$0.00 \$0.00	A A			
02/25/02		\$128.00	\$0.00	A			
02/25/02		\$128.00	\$0.00	A			
02/27/02		\$128.00	\$0.00	A			
02/28/02		\$128.00	\$0.00	A			
03/01/02		\$128.00	\$0.00	A			
03/04/02		\$128.00	\$0.00	A			For the dates of service 02/25/02 through 03/08/02
03/05/02		\$128.00	\$0.00	A			preauthorization is required per the TWCC Advisory
03/06/02		\$128.00	\$0.00	A			referenced. Therefore reimbursement is not recommended for
03/08/02	0==+4	\$128.00	\$0.00	A	**		these dates of service.
01/02/02	97546-	\$256.00	\$0.00	A	\$51.20	MFG MGR	For the dates of service 01/02/02 through 01/31/02
01/04/02 01/07/02	WH	\$384.00 \$320.00	\$0.00 \$0.00	A A	(per hour for non	(II)(C) TWCC	preauthorization was not required per TWCC Advisory 2001- 14. The provider is not a CARF accredited facility and billed
01/07/02		\$256.00	\$0.00	A	CARF)	Advisory 2001-	charges will be reduced 20% according to MFG MGR rule
01/09/02		\$320.00	\$0.00	A	CAICI)	14	referenced. Therefore, reimbursement is recommended in the
01/10/02		\$320.00	\$0.00	A		TWCC rule	amount of \$4,198.40 . (\$51.20 x 82 units)
01/11/02		\$320.00	\$0.00	A		134.600 (h)(9)	
01/14/02		\$320.00	\$0.00	A		, , , ,	
01/15/02		\$256.00	\$0.00	A			
01/16/02		\$256.00	\$0.00	A			
01/18/02		\$320.00	\$0.00	A			
01/21/02		\$320.00	\$0.00	A			
01/23/02 01/25/02		\$64.00 \$320.00	\$0.00 \$0.00	A A			
01/23/02 01/28/02		\$320.00	\$0.00	A			
01/28/02		\$320.00	\$0.00	A			
01/30/02		\$320.00	\$0.00	A			
01/31/02		\$256.00	\$0.00	A			
02/25/02		\$256.00	\$0.00	A			
02/26/02		\$384.00	\$0.00	A			
02/27/02		\$320.00	\$0.00	A			
02/28/02		\$192.00	\$0.00	A			
03/01/02		\$320.00	\$0.00	A			F4- d-t
03/04/02		\$192.00 \$320.00	\$0.00	A			For the dates of service 02/25/02 through 03/08/02 preauthorization is required per the TWCC Advisory
03/05/02 03/06/02		\$320.00 \$320.00	\$0.00 \$0.00	A A			referenced. Therefore reimbursement is not recommended for
03/08/02		\$520.00 \$64.00	\$0.00	A			these dates of service.
Totals	l	\$11,072.00	\$0.00	Л		<u> </u>	The Requestor is entitled to reimbursement in the amount of
Totals		Ψ11,072.00	ψ0.00				\$6.041.60.
							4-7

The above Findings and Decision are hereby issued this 17th day of January, 2003.

Michael Bucklin Medical Dispute Resolution Officer Medical Review Division

MB/mb

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$6,041.60 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 17th day of January 2003.

Carolyn Ollar Medical Dispute Resolution Officer Medical Review Division

CO/mb